04/**0/8**/2006 APR 0 3 2006

## PART B - FEE(S) TRANSMITT

together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents Complete

P.O. Box 1450 Alexandria, Virginia 22313-1450 (571)-273-2885 or <u>Fax</u>

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Nate: Uso Block 1 for any change of address)

7590

02/03/2006

John M. Card Brinks Hofer Gilson & Lione PO Box 10395

Chicago, IL 60610 04/04/2006 MAHMEDZ 00000077 231925 10502109

01 FC:1501 02 FC:1504 1400.00 DA

300.00 DA

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Terry Wand	(Depositor's namo)
Lange W. Land	(Signature)
April 3, 2006	(Date)

FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. FILING DATE 3411 10/29/2004 Cheng C. Ko 10/502,109

NO   \$1400   \$300   \$1700   05/03/2006	nonprovisional		LOSUE F	FEE PUBLICATION FISE		TOTAL FEE(S) DUE	DATE DUE
WILSON, ALLAN R  2815  257-185000  Change of correspondence address or indication of "Fee Address" (37 in 1.363).  Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.  (2) fto name of a single firm (having as a member a registered aparent) and the names of up to 2 registered aparent) and the names of up to 3 registered patent attorneys or agents. If no name is isted, no name will be printed.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Ann Arbor, Michigan  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Ann Arbor, Michigan  (C) the name of a single firm (having as a member a registered aparent attorneys or agents. If no name is isted, no name will be printed.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Ann Arbor, Michigan  (B) Resident Aparent A		NO	\$1400	)	\$300	\$1700	05/03/2006
Change of correspondence address or indication of "Fee Address" (37 R 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified bolow, the document has been to recordation as set forth in 37 CPR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Picometrix, Inc-  Ann Arbor, Michigan  The following fee(s) are enclosed:  Size Fee  Advance Order - # of Copics  Publication Fee (No small entity discount permitted)  Advance Order - # of Copics  Cale Advance Order - # of Copics  Advance Order - # of Copics  Cale Correspondence  Cale Correspondence	EXAMINER		ART UNIT		CLASS-SUBCLASS	1	
Change of correspondence address (or Change of Correspondence   Change of	WILSON, ALLAN R		2815		257-185000	<b>-</b>	
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been detected as set forth in 37 CPR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Ann Arbor, Michigan  asse check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Governorm of the following fee(s) are enclosed:  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Ann Arbor, Michigan  The following fee(s) are enclosed:  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Ann Arbor, Michigan  Deposit Achieved in the patent of the fee(s) is enclosed.  (CITY and STATE OR COUNTRY)  Ann Arbor, Michigan  Deposit Account Number 23-1925 (enclosed)  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Ann Arbor, Michigan	R 1.363).  ☐ Change of correspond Address form PTO/SB/1/ ☐ "Fcc Address" indicat PTO/SB/47; Rev 03-02 (	lence address (or Change of 0 22) attached, tion (or "Fee Address" Indica	Correspondence	(2) the na	OR, alternatively, une of a single firm (having as I attorney or agent) and the na	a member a 2 Gilson	
ase check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government of Fee(s):    A check in the amount of the fee(s) is enclosed.   Publication Fee (No small entity discount permitted)   Payment by credit card. Form PTO-2038 is attached.   Advance Order - # of Copies	PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN	on assignee is identified be 137 CPR 3.11. Completion of EE		data will app I a substitute (B) RESIDI	pear on the patent. If an assig for filing an assignment. ENCE: (CITY and STATE OR	COUNTRY)	ocument has been file
☑ Issue Fee ☐ A check in the amount of the fee(s) is enclosed.  ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copics ☐ Payment by credit card. Form PTO-2038 is attached. ☑ The Director is hereby authorized by charge the required fee(s), or credit any overpaymen Deposit Account Number 23-1925 (enclose an extra copy of this form)			ries (will not be pr	inted on the	patent): 🔲 Individual 🖾 (	Corporation or other private gr	oup entity Govern
	Issue Fee Publication Fee (No s	mall entity discount permitte	d)	A check	in the amount of the fee(s) is of t by credit card. Form PTO-203	38 is attached.	dit any overpayment, a a copy of this form).
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  be Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above of the Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant a registered attorney or agent; or the assigned or other derest as shown by the records of the United States Patent and Trademark Office.	a. Applicant claims Si	MALL ENTITY status. See 3	) 37 CFR 1.27.	□ b. Appli	cant is no longer claiming SMA	ALL ENTITY status. Scc 37 C	FR 1.27(g)(2).

an application. Confidentiality is governed by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.